1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11212 CERTIFICATE OF DEATH

11215

Reg. Dist. No. 265

1. PLACE OF DEATH

COUNTY Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Crisfield

LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station x

STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Ballard

4. DATE OF DEATH (Month) Nov. (Day) 4 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Widowed	Mar. 2, 1887	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sea Food Worker

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Marion Station - Som. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Silous Ballard

14. MOTHER'S MAIDEN NAME Melvina Whittington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) June 19, 1918 - July 25, 1919

16. SOCIAL SECURITY NO. 213-22-9183

17. INFORMANT & ADDRESS Sadie Hodges Marion Sta., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X IMMEDIATE CAUSE (A) Uremia - Acute Dil of heart — INTERVAL BETWEEN ONSET AND DEATH: 1 week -

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) acute Nephritis — years -

DUE TO (C) Chronic myocarditis + Chronic dut. Nephritis - — years -

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1955, to Nov. 4, 1955, that I last saw the deceased alive on Nov. 3, 1955, and that death occurred at 1:00 A M, from the causes and on the date stated above.

SIGNATURE George L Coulbourn M.D. — ADDRESS (Street, city, town, state) Marion Station, Maryland — DATE SIGNED Nov. 5, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 8, 1955	Wesley Cemetery	Marion Sta., Som. Co. Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov. 7, 1955	Nellie D. Payne / Nellie D. Payne	Charles H. Ward - Marion Sta., Md. Box 235

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11213 11216

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH

COUNTY Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne

LENGTH OF STAY (in this place) 18yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne

STREET ADDRESS (If rural give location) Post Office Box 27

3. NAME OF DECEASED (Type or Print) (First) Caleb (Middle) M. (Last) Cottman

4. DATE OF DEATH (Month) Nov. (Day) 12 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Col.	Widowed	Nov. 26, 1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Westover, Som. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Caleb M. Cottman

14. MOTHER'S MAIDEN NAME Elizabeth Fooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-32-6010

17. INFORMANT & ADDRESS Rosa E. Cottman-Princess Anne Box 27

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431X IMMEDIATE CAUSE (A) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1955, to Nov 12, 1955, that I last saw the deceased alive on Nov 12, 1955, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE Elder G. Mardonmar M.D. — ADDRESS (Street, city, town, state) Princess Anne Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 17, 1955	Cottage Grove	Westover, Som. Co. Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 11/15/55	R. H. Johnson, M.D.	Charles H. Ward - Marion Sta., Md	Box 235

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11217

11214 CERTIFICATE OF DEATH Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Pamaria (Middle) (Last) Cottman

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: Black 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 8. DATE OF BIRTH: 1955 9. AGE last birthday yrs. 3 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 10B. KIND OF BUSINESS OR INDUSTRY: None 11. BIRTHPLACE (State or foreign country): Marion 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ralph Collins 14. MOTHER'S MAIDEN NAME: Rachel Cottman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: Geo W. William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD. Gilghman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 IMMEDIATE CAUSE (A) Burned to Death (Body Charred)

ANTECEDENT CAUSE (S) DUE TO (B) Was Left in house alone,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) House Caught Fire & was burned to Death

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: No 19B. MAJOR FINDINGS OF OPERATION ✓ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home 21C. WHERE DID INJURY OCCUR? (City or town) Marion (County) Somr (State) Md

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 5-55. 12:30 PM 21E. INJURY OCCURRED While at work ☐ Not while at work ☒ 21F. HOW DID INJURY OCCUR? House Caught Fire & Burned her to Death

22. I hereby certify that I attended the deceased from Was dead before I was called to alive on ....., 19.., and that death occurred at 12:30 P M, from the causes and on the date stated above.
SIGNATURE Wm H Coulbourn M. D. ADDRESS Crisfield Md DATE SIGNED Nov 7=1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried DATE THEREOF 11-8-55 NAME OF CEMETERY OR CREMATORY Family Cemetery - LOCATION (City, town, or county) (State) Marion Sta. Md

DATE REC'D BY LOCAL REGISTRAR 11-8-55 REGISTRAR'S SIGNATURE Nellie D. Payne 24. FUNERAL DIRECTOR George W. Gilghman ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

20751933355

11215 11218

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Princess Anne - Rural - 8
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Route 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hurlock X
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Pinfield (Last) Watson

4. DATE OF DEATH (Month) November (Day) 8 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negroid	?	12-17-31	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Navy		Hurlock, Md. - Rt. 2	U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No		U. S. Navy - Chincoteague, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

825X
Immediate cause (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: 0
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Automobile Accident Highway 13
DUE TO
(c) Neck & Princess Anne, Md

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21c. (City or town) (County) (State)
	State Road 13	Princess Anne Somerset Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
Nov. 8, 1955 - 12.00 P M.		Automobile Accident Highway 13 -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R.H. Johnson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Nov. 9-1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-13-55	----	Hurlock, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/55	R.H. Johnson, M.D.	U.S. Naval Hospital	Portsmouth, Va.

GT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:

COUNTY | MARYLAND

CITY (If outside corporate limits, write RURAL) or TOWN | LENGTH OF STAY (In like places)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (Home) OF DECEASED:

STATE | COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last)

4. SEX: | 5. COLOR OR RACE: | 6. MARITAL STATUS: (Single, Married, Widowed, Divorced) | 7. DATE OF BIRTH: | 8. AGE: Last Birthday

If under 1 year, number of months or days: Months | Days | Hours

9a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired)

9b. KIND OF BUSINESS OR INDUSTRY:

9c. CITIZEN OF WHAT COUNTRY:

10. FATHER'S NAME:

11. MOTHER'S MAIDEN NAME:

12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)

13. SOCIAL SECURITY NO.:

14. INFORMANT'S ADDRESS:

15. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO

Antecedent cause(s) (Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last) — (b) DUE TO — (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

Operation Date (Month) (Day) (Year) | Major Findings of Operation | Autopsy? Yes ☐ No ☐

16a. ACCIDENT, HOMICIDE OR SUICIDE? PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH | 16b. PLACE (Street, Farm, Factory, Office Bldg., etc.) CITY or TOWN | 16c. (City or Town) (County) (State)

16d. TIME (Month) (Day) (Year) (Hour) OF INJURY | 16e. INJURY OCCURRED (Home, Farm, Factory, Street, Office Bldg., etc.) | 16f. HOW DID INJURY occur?

17. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

M. D. ASSISTANT MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

18. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City or county)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

19. FUNERAL DIRECTOR

DUPLICATE A.

DILIGENCIA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11219

11216 CERTIFICATE OF DEATH

Reg. Dist. No. 265-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY SOMERSET MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X CRISFIELD
LENGTH OF STAY (in this place) SINCE BIRTH
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCREADY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRISFIELD 39
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIE (Middle) ANN (Last) GREEN

4. DATE OF DEATH: (Month) NOVEMBER (Day) 20, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: NOVEMBER 19, 1955

9. AGE Last birthday: 0 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 2, Min. 50

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): CRISFIELD, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIE GREEN

14. MOTHER'S MAIDEN NAME: ISABELLE MORGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: N. SOMERSET AVE. WILBUR F. MORGAN, JR. - CRISFIELD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 764.5 (a) premature birth — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) premature separation of placenta — 1 week

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

11:05 1:50

22. I hereby certify that I attended the deceased from Nov. 19, 1955, to Nov. 20, 1955, that I last saw the deceased alive on Nov 19, 1955, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

SIGNATURE George C. Pullman (Degree or title) ADDRESS Marion Sta Md DATE SIGNED 11-20-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF Nov. 20, 1955

NAME OF CEMETERY OR CREMATORY SUNNYRIDGE CEMETERY

LOCATION (City, town, or county) (State) CRISFIELD, MD.

DATE REC'D BY LOCAL REGISTRAR 11-20-55

REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS BRADSHAW & SONS - CRISFIELD, MD.

20X5305292

MARYLAND STATE DEPARTMENT OF HEALTH

11220

11217 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. -261-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion; LENGTH OF STAY 20 yrs. (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) B. (Last) Hodges

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 28, 1889

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Petersburg, Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward Hodges

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Edward Hodges

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease (occlusion) — 420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Marion (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Wm H Coulbourn (Degree or title) M.D. ADDRESS Crisfield Md DATE SIGNED Nov 13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 11-15-55; NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery; LOCATION (City, town, or county) (State): Marion, Maryland

DATE REC'D BY LOCAL REG. 11-14-55; REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11218

11221

CERTIFICATE OF DEATH

Reg. Dist. No. 260

Item 1, Film C190 12-7-55 et

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Upper Fairmount
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Martha (Middle) Emily (Last) Holland

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 31, 1865

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months 10 Days 25 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rumbley

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Beauchamp

14. MOTHER'S MAIDEN NAME: Sedonia Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Irene Holland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — 10 yrs.

DUE TO (C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1955 to Nov., 1955 that I last saw the deceased alive on 11-25-55, and that death occurred at 10:00 M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS M. D. A. C. Lewis, Princess Anne, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Nov. 27, 1955 — NAME OF CEMETERY OR CREMATORY: Muirs Family Cemetery — LOCATION (City, town, or county) (State): Fairmount Md

DATE REC'D BY LOCAL REGISTRAR: 11/28/55 — REGISTRAR'S SIGNATURE: R. L. Johnson, M.D. Jr

24. FUNERAL DIRECTOR — ADDRESS: Harry B. Miles Upper Fairmount

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11219 11223

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH

COUNTY: Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crisfield

LENGTH OF STAY (in this place): lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 79 McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland COUNTY: Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield 39

STREET ADDRESS (If rural give location): Mariners Section 1

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EDWARD (Last) JOHNSON

4. DATE OF DEATH: (Month) November (Day) 7 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	April 12, 1883	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Crisfield, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Johnson	Clara Horsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	216-07-1758	Mariners Section Miss Pauline Johnson— Crisfield, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
096.9	IMMEDIATE CAUSE	(A) Myocardial condition	1 week
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Chronic Myocarditis & Chronic Nephirits Int.	Years
	DUE TO	(C) Virus infection followed by Myocardial Condition	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1955, to Nov. 7, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 3:15 A. M. from the causes and on the date stated above.

SIGNATURE George E. Cullum M.D. **ADDRESS** (Street, city, town, state) Marion Sta. Md. Somerset **DATE SIGNED** 11-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 9, 1955	Sunnyridge Cemetery	Crisfield, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11-8-55	Willie B. Payne	Bradshaw & Sons--Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11224

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1220

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Princess Anne
LENGTH OF STAY (in this place): 81 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Beechwood St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne X
STREET ADDRESS (If rural give location): Beechwood St.

3. NAME OF DECEASED: (First) Oscar (Middle) F. (Last) Jones

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Nov. 17, 1874
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired meat cutter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: E. Frank Jones
14. MOTHER'S MAIDEN NAME: Mary E. Dryden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Paul Keenan Princess Anne, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443 X IMMEDIATE CAUSE	(A) Cerebral Hemmorrhage.	6 days.
ANTECEDENT CAUSE (S)	DUE TO (B) Chronic Myocarditis	2 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Hypertension	2 yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Senility, Arteriosclerosis	2 yr

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State): none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): none M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCoccur? none

22. I hereby certify that I attended the deceased from July, 1953 to Nov 24 1955, that I last saw the deceased alive on Nov 24, 1955, and that death occurred at 10:20 M, from the causes and on the date stated above.
SIGNATURE B. Frank Gigante M. D. ADDRESS Princess Anne Md. DATE SIGNED Nov 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: II-26-1955
NAME OF CEMETERY OR CREMATORY: Manokin Presbyterians
LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/26/55
REGISTRAR'S SIGNATURE: R.N. Johnson, M.D.
24. FUNERAL DIRECTOR ADDRESS: Lemuel R. Wilson Princess Anne, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11226

11221

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Somerset. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X TOWN Deal Island.
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GROVER (Middle) C. (Last) MASON

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb 22-1891

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deckhand.

10B. KIND OF BUSINESS OR INDUSTRY? oystering Crabbing

11. BIRTHPLACE (State or foreign country): Deal Is Somerset Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES B. MASON

14. MOTHER'S MAIDEN NAME: VIRGINIA THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-12-3247

17. INFORMANT & ADDRESS: Pauline Mason. Deal Island Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X
IMMEDIATE CAUSE (A) Lung cancer — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Mid September
19B. MAJOR FINDINGS OF OPERATION lung cancer
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-55, 19....., to 11-15-55 19....., that I last saw the deceased alive on 11-15-55, 19....., and that death occurred at 6:45 PM from the causes and on the date stated above.

SIGNATURE Everett C. Sutton, M. D. ADDRESS Dames Quarter, Maryland DATE SIGNED 11-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial. DATE THEREOF Nov. 18-1955 NAME OF CEMETERY OR CREMATORY St. Johns M.E. LOCATION (City, town, or county) Deal Island (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/18/55 REGISTRAR'S SIGNATURE Lela T. Whitley 24. FUNERAL DIRECTOR Webster ADDRESS Deal Island Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

WC 11227

11222 # CERTIFICATE OF DEATH

Reg. Dist. No. 260

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oriole

LENGTH OF STAY (in this place): 8 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oriole

STREET ADDRESS (If rural give location): X / X

3. NAME OF DECEASED (Type or Print): (First) David (Middle) (Last) McDaniel

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	Widowed	April 10, 1874	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming	farming	Oriole, Maryland	U.S.A.

13. FATHER'S NAME: George McDaniel

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	no	Mrs Gladys Webster Deal Island Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

142.0 IMMEDIATE CAUSE (A) Carcinoma Oral Cavity involving Salivary glands and Gums — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16 1954, to Nov 3rd 1955, that I last saw the deceased alive on Nov 3rd 1955, and that death occurred at 1:37 P.M., from the causes and on the date stated above.

SIGNATURE: Eldon G. Mavroman — ADDRESS (Street, city, town, state): Princess Anne Md — DATE SIGNED: 11.5.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	II-6-1955	Oriole Cemetery	Oriole, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/5/55	R. H. Johnson, M.D.	Levin R. Wilson' Princess Anne, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11228

11209 **CERTIFICATE OF DEATH**

Reg. Dist. No. 205

1. PLACE OF DEATH

COUNTY: Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 39 Crisfield

LENGTH OF STAY (in this place): lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Lawsonia Section

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield — 39

STREET ADDRESS (If rural give location): Lawsonia Section — 1

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) MADISON (Last) MOORE

4. DATE OF DEATH: (Month) (Day) (Year) November 2, 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 25, 1877	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seafood Packer	Seafood Industry	Crisfield, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hance Moore	Peggy Sterling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		213-09-4828	Harry Moore-Lawsonia Section-Crisfield, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) Acute Myocardial Infarction	5 min.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 0969	DUE TO (B) Arteriosclerotic Heart Disease	Few Years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Virus Infection	5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9, 19 54, to 11/2, 19 55, that I last saw the deceased alive on 11/1, 19 55, and that death occurred at 10:30 P.M, from the causes and on the date stated above.

SIGNATURE		ADDRESS (Street, city, town, state)	DATE SIGNED
G. N. Barr	M.D.	Crisfield, Md.	11/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 5, 1955	Asbury Cemetery	Crisfield, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/5/55	Barbara S Adams	Bradshaw & Sons—Crisfield, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11210

CERTIFICATE OF DEATH

11229

Reg. Dist. No. 265

1. PLACE OF DEATH

COUNTY Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield

LENGTH OF STAY (in this place) lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 20 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 39

STREET ADDRESS (If rural give location) 20 Main St. 1

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) WILLIAM (Last) ROACH

4. DATE OF DEATH (Month) November (Day) 6 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	widowed	July 17, 1900	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bus driver	Transit Line	Crisfield, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John William Roach	Missouri Tyler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		216-05-3195	Mrs. Missouri Roach--Crisfield, Md. 20 Main St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease with

DUE TO (C) Coronary Insufficiency & Decompensation — one year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1954, to Nov 6, 1955, that I last saw the deceased alive on Nov 6, 1955, and that death occurred at 10.30 P.M, from the causes and on the date stated above.

SIGNATURE A. N. Barr, M.D. M.D. — **ADDRESS** (Street, city, town, state) Crisfield, Md. — **DATE SIGNED** Nov. 8, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 10, 1955	Crisfield Cemetery	Crisfield, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/13/55	Barbara S. Adams	Bradshaw & Sons--Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11211 CERTIFICATE OF DEATH

Reg. Dist. No. 11230 36 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY SOMERSET — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 39 CRISFIELD
LENGTH OF STAY (in this place) 60 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 200 MYRTLE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRISFIELD 39
STREET ADDRESS (If rural give location) 200 MYRTLE ST. 1

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) SELBY (Last) SOMERS

4. DATE OF DEATH: (Month) NOVEMBER (Day) 20 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: JULY 17, 1875

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): WICOMICO COUNTY, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES E. SELBY

14. MOTHER'S MAIDEN NAME: SARAH PHILLIPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 200 MYRTLE ST. CLYDE COVINGTON — CRISFIELD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Stomach — Interval Between Onset And Death: 2

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 53, to ....., 19 55, that I last saw the deceased alive on 11-20, 19 55, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. E. Rawley M.D. — ADDRESS Crisfield Md — DATE SIGNED 11/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF Nov. 22, 1955 — NAME OF CEMETERY OR CREMATORY SUNNYRIDGE CEMETERY — LOCATION (City, town, or county) (State) CRISFIELD, MD.

DATE REC'D BY LOCAL REGISTRAR Nov. 22, 1955 — REGISTRAR'S SIGNATURE Barbara S. Adams

24. FUNERAL DIRECTOR — ADDRESS BRADSHAW & SONS - CRISFIELD, MD.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11223

CERTIFICATE OF DEATH

11231

Reg. Dist. No. 260

1. PLACE OF DEATH

COUNTY Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Westover

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover X

STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print) (First) SUSAN (Middle) COLLINS (Last) STEAVSON

4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEM	COL	MARRIED	MAR 15 1879	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work		Westover	USA

13. FATHER'S NAME JAMES, EARLARD

14. MOTHER'S MAIDEN NAME MARY A

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS George Collins - Westover Md. Box 21

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4428 IMMEDIATE CAUSE	(A) Cerebral Thrombosis	2 days
ANTECEDENT CAUSE(S) DUE TO	(B) Generalized Arteriosclerosis	10 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Chronic Myocarditis	2 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chronic Nephritis	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1955, to Nov 3, 1955, that I last saw the deceased alive on Nov 3, 1955, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE M.D. Frank Gigante **ADDRESS** (Street, city, town, state) 20 Prince William St Pocomoke City Md **DATE SIGNED** 11/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Nov 5 55	COTTAGE GROVE	WESTOVER MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11/4/55	R. S. Johnson M.D.	Charles H Ward	MD

27

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11232

11224 CERTIFICATE OF DEATH Reg. Dist. No. 365

1. PLACE OF DEATH:
COUNTY SOMSERSET MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X CRISFIELD
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 McCREADY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY SOMERSET
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD
STREET ADDRESS (If rural give location) JACKSONVILLE RD. 39 1

3. NAME OF DECEASED: (Type or Print) (First) EFFIE (Middle) CORNELIA (Last) WARD

4. DATE OF DEATH: (Month) NOVEMBER (Day) 10 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: NOV. 15, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): CRISFIELD, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM WARD

14. MOTHER'S MAIDEN NAME: SARAH LAIRD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: JACKSONVILLE RD. B. FRANK WARD - CRISFIELD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral Arteriosclerosis

DUE TO (C) Diabetes mellitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1955, to Nov. 10, 1955, that I last saw the deceased alive on Nov. 10, 1955, and that death occurred at 10 P. M, from the causes and on the date stated above.

SIGNATURE M. D. Samuel M. Payton ADDRESS Crisfield, Md DATE SIGNED Nov. 12 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF NOV. 13, 1955 — NAME OF CEMETERY OR CREMATORY SUNNYRIDGE CEMETERY — LOCATION (City, town, or county) (State) CRISFIELD, MD.

DATE REC'D BY LOCAL REGISTRAR Nov. 13-1955 — REGISTRAR'S SIGNATURE Barbara L. Adams

24. FUNERAL DIRECTOR ADDRESS BRADSHAW & SONS - CRISFIELD, MD.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING